

Substitute for form 1449/PTO

**SUPPLEMENTAL INFORMATION  
DISCLOSURE STATEMENT BY  
APPLICANT(S)**

(use as many sheets as necessary)

**COMPLETE IF KNOWN**

Application Number 10/787284

Filing Date 02/26/2004

First Named Inventor PAUL SKONEZNY

Art Unit 1623

Examiner Name **WALICKA, MALGORZATA A**

Sheet

1

of 1

**Attorney Docket Number**

GY0111NP

## U.S. PATENT DOCUMENTS

## FOREIGN PATENT DOCUMENTS

Examiner Signature \_\_\_\_\_ Date Considered \_\_\_\_\_

**\*EXAMINER:** Initial if reference considered, whether or not citation is in conformance with MPEP 609: Draw a line through citation if not in conformance and not considered. Include a copy of this form with the next communication to applicant